| CERTIFICATE OF TAPPlicant(s): Yasushi KO | SIMILE (37 CFR 1.8) | Docket No. 121056-028 | |
|--|---------------------------------------|--|-------------------------|
| Application No. 10/007,186 | Filing Date November 5, 2601 | Examiner Andrea Valentini | Group Art Unit 3643 |
| Invention: METHOD OF PREVENTI | NG DEFECTIVE GERMINATI | ON OR ROSETTE FORMAT | ON OF SEED |
| | · · · · · · · · · · · · · · · · · · · | Ċ | ENTRAL FAX CENTER |
| | | | SEP 1 2 2005 |
| I hereby certify that this | RCE, Preliminary Amd't | . Amd't Trans., Extenson of Til (Identify type of correspondence) | me, and Fee Transmittal |
| is being facsimile transmi | tted to the United States Patent | | No. <u>571-273-8300</u> |
| on September 12 (Date) | 2, 2005 | | |
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| | | Michael S. Gz | zybowski |
| | 4 | (Typed or Printed Name of Pers Michael 5 April (Softature | / <u>_</u> / |
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| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Yasushi KOHNO | | | | | Docket No. 121056-028 | | | | |
|--|--|------------------------------|-----------|--|--------------------------|-------------|---------------------------|--|--|
| Application No. 10/007,186 | Filing Date November 5, 2001 | Examiner Andrea Valentini | | Customer 35684 | No. | Group Art U | nit Confirmation No. 5700 | | |
| Invention: METHOD OF PREVENTING DEFECTIVE GERMINATION OR ROSETTE FORMATION OF SEED | | | | | | | | | |
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| COMMISSIONER FOR PATENTS: | | | | | | CENTRA | CENTRAL FAX CENTER | | |
| Transmitted herev | uith is an amendment i | n the above-identified a | nalicatio | \ 0 | | SEP | SEP 1 2 2005 | | |
| | | mitted as shown below | • | л. | | | | | |
| | | CLAIMS AS AM | ENDED | · · · · · · · · · · · · · · · · · · · | | | | | |
| | CLAIMS REMAINING | HIGHEST # | | ER EXTRA | | | ADDITIONAL | | |
| | AFTER AMENDMENT | PREV. PAID FOR | | PREŞENT | RATE | | FEE | | |
| TOTAL CLAIMS | 3 - | 20 = | | 0 | × | \$50.00 | \$0.00 | | |
| INDEP. CLAIMS | 3 - | 3 = | | 0 | x | \$200.00 | \$0.00 | | |
| Multiple Dependent Claims (check if applicable) | | | | | | | \$0.00 | | |
| | | TOTAL ADDITIONAL F | EE FO | R THIS AMI | END | MENT | \$0.00 | | |
| No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 12-2136 Any patient application processing fees under 37 C.F.R. 1.16. Any patient application processing fees under 37 C.F.R. 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: September 12, 2005 Filed via facsimile Transmission I hereby cartify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on | | | | | | | | | |
| | Signature of Person Malling Correspondence | | | | | | | | |
| cc: | | | | Typed or Printed Name of Person Mailing Correspondence | | | | | |

| Doc Code: | Net of 1995, no. 1 | oersons are retuined to | Pg respond to a colle | Aor tent and Trade ction of inform | proved for u mark Office ation unless | ise through 0° b: U.S. DEPA s it displays a | PTC/\$B/17 (12-04v2) 7/31/2006, OMB 0851-0032 RTMENT OF COMMERCE valid OMB control number. | |
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| Effection | /e on 12/08/200 |)4. | | | _ | if Known | | |
| Fees pursuant to the Consolid | | | • Application | Number | 10/007,1 | 86 | ALCE | VED |
| FEE TRA | NSN | ЛІТТАL | Filing Date | | | er 5, 2001 | CENTRAL PA | X CENTER |
| | | | First Name | | Yasushi | | Crn . | |
| TOT F | <u>Y 200</u> | 5 | Examiner I | | Andrea 1 | | - 3Ll' 1 | 2005 |
| Applicant claims small | entity status. | See 37 CFR 1.27 | Art Unit | | 3643 | | | |
| TOTAL AMOUNT OF | PAYMENT | (\$) \$910.6 | | ocket No. | 121056-0 | 128 | | ! |
| METHOD OF PAYMEN | IT (check all | that apply) | | | | | | |
| Check Credit | Card | Money Order | None 🔲 | Other (please | identify): | | | |
| Deposit Dep | osit Account | Number: 12-2 | 2136 Dep | oosit Accoun | t Name: | вит | IZEL LONG | |
| For the above-identified | deposit accoun | at, the Director Is hereb | y authorized to: (ch | eck all that ap | pły) | | | |
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| WARNING: Information on information and authorization | this form may on on PTO-203 | become public. Cred 8. | it card information | should not l | be include: | d on this for | m. Provide credit card | |
| FEE CALCULATION | | . *** | | | N. J. J. J. L. P. A. A. | | | |
| 1. BASIC FILING, SEAR | | | ADOU EEE® | = | VAMINAY | ON FEES | | |
| | FILING F | Small <u>Entity</u> | EARCH FEES Small_Er | | | Small Entity | | ĺ |
| Application Type | Fee (\$) | | o (\$) Fee (\$) | | eo (\$) | Fee (\$) | Fees Paid(\$) | |
| Utility | 300 | 150 5 | 00 250 | : | 200 | 100 | | |
| Design | 200 | 100 1 | 00 50 | | 130 | 65 | | |
| Plant | 200 | 100 3 | 00 150 | , | 160 | 80 | | |
| Reissue | 300 | 150 5 | 00 250 | (| 500 | 300 | | |
| Provisional | 200 | 100 | 0 0 | | 0 | 0 | | |
| 2. EXCESS CLAIM FEE | s | | | | | Fee (\$) | Small Entity Fee (\$) | |
| Each claim over 20 (inclu | | | | | | 50 | 25 | |
| Each independent claim of | | ling R eis sues) | | | | 200 | 100 | |
| Multiple dependent daims | 5 | | | | | 360 Multiple | 180 Dependent Claims | |
| Total Claims | Extra Claim | s Fee (\$) | Fee Paid (| 3) | | Fee (\$) | Fee Paid (\$) | |
| - 20 or HP = | | x\$50.00 | | _ | | | | |
| HP = highest number of total | | | | | | | | |
| Indep. Claims | Extra Claim | | <u>Fee Paid (</u> : □ □ SO.(| _ | | | | |
| - 3 or HP : HP = highest number of indep | | | | /V | | | | |
| 2 ABBI ICATION 617E | :CE | | | | :• - | | | |
| If the specification and dr 37 CFR 1.52(e)), the appl See 35 U.S.C. 41(a)(1)(G | awings excee lication size fe i) and 37 CFR | a 100 sheets of par ee due is \$250 (\$12 t 1.16(s). | er (excluding eli 5 for small entity |) for each ac | iled seque (ditional 5 | o sheets or | fraction thereof. | |
| Total Sheets | Extra She | | r of each additiona (round | il 50 or fraction up to a who | | Fee (3 x _\$250.0 | | |
| 4. OTHER FEE(S) | | | | • | | | Fee Paid (\$) | |
| Non-English specification Other (e.g., late filing sure | , \$130 fee charge): REC | (no smail entity disc and Petition for On | count) ia (1) Month Exte | ension of Tim | 10 | | \$910.00 | |
| SUBMITTED BY | 200 0 | NO. | | | | | | |
| Signature | Hick | Wahm | Registration (Atterney/Agent) | No. 32,8 | 16 | Telephone | 734-995-3110 | |
| Name (Print/Type) | | Miguaei S. G | zybowski | | | Date | September 12, 2005 | ' |
| | | A 1 | | | eia a bana | Gt but the suite | is which is to file land by the | |

This collection of information is required by 37 CFR 1.736. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form entitles for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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